

010902725

MR pradeep Kumar

4/8/2023 12:50:49 PM

30 Years

Male

Rate 67 . Sinus rhythm.....normal P axis, V-rate 50- 99  
. ST elev, probable normal early repol pattern.....ST elevation, age<55

PR 143  
QRSD 77  
QT 355  
QTc 375

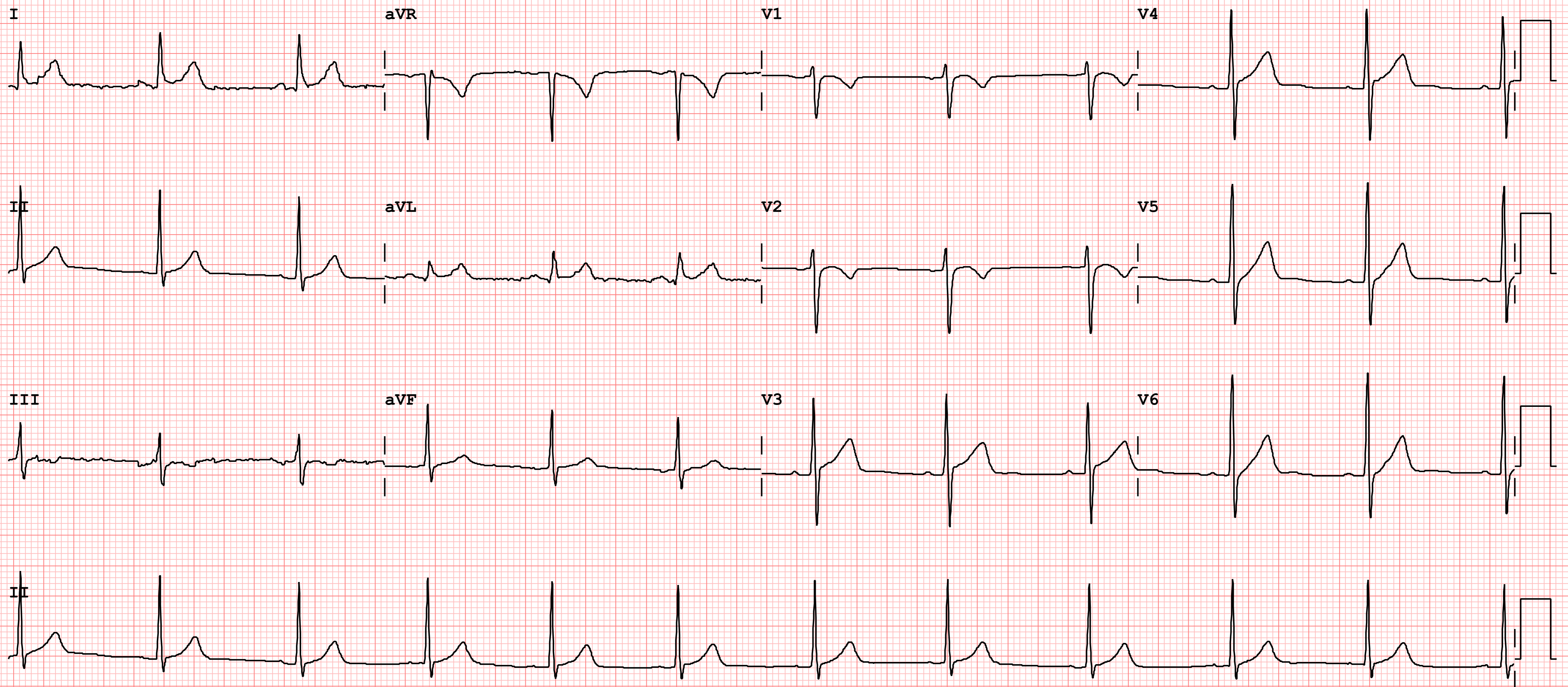
--AXIS--

P -24  
QRS 29  
T 23

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis





**Name** : MR PRADEEP KUMAR **Age** : 30 Yr(s) Sex :Male  
**Registration No** : MH010902725 **Lab No** : 31230400336  
**Patient Episode** : H03000053714 **Collection Date** : 08 Apr 2023 11:51  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 08 Apr 2023 13:51  
**Receiving Date** : 08 Apr 2023 13:09

## Department of Transfusion Medicine ( Blood Bank )

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)  
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing B Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Cell Panel I NEGATIVE  
Cell Panel II NEGATIVE  
Cell Panel III NEGATIVE  
Autocontrol NEGATIVE

Final Antibody Screen Result Negative

### Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

Page 1 of 10

-----END OF REPORT-----

Dr Himanshu Lamba



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**Name** : MR PRADEEP KUMAR **Age** : 30 Yr(s) Sex :Male  
**Registration No** : MH010902725 **Lab No** : 32230402906  
**Patient Episode** : H03000053714 **Collection Date** : 08 Apr 2023 11:51  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 08 Apr 2023 13:37  
**Receiving Date** : 08 Apr 2023 12:13

## BIOCHEMISTRY

Glycosylated Hemoglobin Specimen: EDTA Whole blood  
HbA1c (Glycosylated Hemoglobin) 5.1 As per American Diabetes Association (ADA)  
% [4.0-6.5] HbA1c in %  
Non diabetic adults >= 18years <5.7  
Prediabetes (At Risk ) 5.7-6.4  
Diagnosing Diabetes >= 6.5  
Methodology (HPLC)  
Estimated Average Glucose (eAG) 100 mg/dl

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

Specimen Type : Serum

### THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.24	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	8.38	µg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	3.580	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>



**Name** : MR PRADEEP KUMAR **Age** : 30 Yr(s) Sex :Male  
**Registration No** : MH010902725 **Lab No** : 32230402906  
**Patient Episode** : H03000053714 **Collection Date** : 08 Apr 2023 11:51  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 08 Apr 2023 13:11  
**Receiving Date** : 08 Apr 2023 12:13

## BIOCHEMISTRY

### Lipid Profile (Serum)

TOTAL CHOLESTEROL (CHOD/POD)	121	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	52	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct) Methodology: Homogenous Enzymatic	58	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	10	mg/dl	[10-40]
LDL- CHOLESTEROL	53	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	2.1		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	0.9		<3 Optimal 3-4 Borderline >6 High Risk

Note:  
Reference ranges based on ATP III Classifications.  
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.



**Name** : MR PRADEEP KUMAR **Age** : 30 Yr(s) Sex :Male  
**Registration No** : MH010902725 **Lab No** : 32230402906  
**Patient Episode** : H03000053714 **Collection Date** : 08 Apr 2023 11:51  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 08 Apr 2023 13:13  
**Receiving Date** : 08 Apr 2023 12:13

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
<b>LIVER FUNCTION TEST (Serum)</b>			
BILIRUBIN-TOTAL (mod.J Groff)**	0.55	mg/dl	[0.10-1.20]
<b>BILIRUBIN - DIRECT (mod.J Groff)</b>	<b>0.23 #</b>	<b>mg/dl</b>	<b>[&lt;0.2]</b>
BILIRUBIN - INDIRECT (mod.J Groff)	0.32	mg/dl	[0.20-1.00]
SGOT/ AST (P5P, IFCC)	25.10	IU/L	[5.00-37.00]
SGPT/ ALT (P5P, IFCC)	25.50	IU/L	[10.00-50.00]
ALP (p-NPP, kinetic)*	92	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	7.9	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.6	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	3.3	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.39		[1.10-1.80]

**Note:**

\*\*NEW BORN: Vary according to age (days), body wt & gestation of baby  
 \*New born: 4 times the adult value





**Name** : MR PRADEEP KUMAR **Age** : 30 Yr(s) Sex :Male  
**Registration No** : MH010902725 **Lab No** : 32230402906  
**Patient Episode** : H03000053714 **Collection Date** : 08 Apr 2023 11:51  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 08 Apr 2023 13:10  
**Receiving Date** : 08 Apr 2023 12:13

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
<b>KIDNEY PROFILE (Serum)</b>			
BUN (Urease/GLDH)	8.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	1.02	mg/dl	[0.80-1.60]
SERUM URIC ACID (mod.Uricase)	6.3	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	9.6	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	2.7	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	138.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.57	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	104.9	mmol/l	[95.0-105.0]
eGFR	98.2	ml/min/1.73sq.m	[>60.0]

### Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

-----END OF REPORT-----

Soma Pradhan

Dr. Soma Pradhan



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**Name** : MR PRADEEP KUMAR **Age** : 30 Yr(s) Sex :Male  
**Registration No** : MH010902725 **Lab No** : 32230402907  
**Patient Episode** : H03000053714 **Collection Date** : 08 Apr 2023 14:47  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 08 Apr 2023 16:12  
**Receiving Date** : 08 Apr 2023 15:17

## BIOCHEMISTRY

Specimen Type : Plasma

### PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 112 mg/dl [70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 106 # mg/dl [70-100]

Page 6 of 10

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*Soma Pradhan*

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**Name** : MR PRADEEP KUMAR **Age** : 30 Yr(s) Sex : Male  
**Registration No** : MH010902725 **Lab No** : 33230401754  
**Patient Episode** : H03000053714 **Collection Date** : 08 Apr 2023 11:51  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 08 Apr 2023 15:30  
**Receiving Date** : 08 Apr 2023 13:23

## HAEMATOLOGY

### ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 7.0 /1sthour [0.0-10.0]

#### Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
<b>COMPLETE BLOOD COUNT (EDTA Blood)</b>			
WBC Count (Flow cytometry)	6550	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.59	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	13.8	g/dL	[13.0-17.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	41.0	%	[40.0-50.0]
MCV (Calculated)	89.3	fL	[83.0-101.0]
MCH (Calculated)	30.1	pg	[25.0-32.0]
MCHC (Calculated)	33.7	g/dL	[31.5-34.5]
Platelet Count (Impedence)	293000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	12.8	%	[11.6-14.0]
<b>DIFFERENTIAL COUNT</b>			
Neutrophils (Flowcytometry)	69.1	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	24.0	%	[20.0-40.0]





**Name** : MR PRADEEP KUMAR **Age** : 30 Yr(s) Sex :Male  
**Registration No** : MH010902725 **Lab No** : 33230401754  
**Patient Episode** : H03000053714 **Collection Date** : 08 Apr 2023 11:51  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 08 Apr 2023 14:02  
**Receiving Date** : 08 Apr 2023 13:23

## HAEMATOLOGY

Monocytes (Flowcytometry)	5.8	%	[2.0-10.0]
<b>Eosinophils (Flowcytometry)</b>	<b>0.6 #</b>	%	<b>[1.0-6.0]</b>
<b>Basophils (Flowcytometry)</b>	<b>0.5 #</b>	%	<b>[1.0-2.0]</b>
IG	0.20	%	
Neutrophil Absolute(Flourescence flow cytometry)	4.5	/cu mm	[2.0-7.0]x10 <sup>3</sup>
Lymphocyte Absolute(Flourescence flow cytometry)	1.6	/cu mm	[1.0-3.0]x10 <sup>3</sup>
Monocyte Absolute(Flourescence flow cytometry)	0.4	/cu mm	[0.2-1.2]x10 <sup>3</sup>
Eosinophil Absolute(Flourescence flow cytometry)	0.0	/cu mm	[0.0-0.5]x10 <sup>3</sup>
Basophil Absolute(Flourescence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10 <sup>3</sup>

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

-----END OF REPORT-----

Dr.Lakshita singh



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**Name** : MR PRADEEP KUMAR **Age** : 30 Yr(s) Sex :Male  
**Registration No** : MH010902725 **Lab No** : 38230400571  
**Patient Episode** : H03000053714 **Collection Date** : 08 Apr 2023 11:51  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 08 Apr 2023 16:33  
**Receiving Date** : 08 Apr 2023 15:21

## CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
<b>ROUTINE URINE ANALYSIS</b>		
<b>MACROSCOPIC DESCRIPTION</b>		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
<b>CHEMICAL EXAMINATION</b>		
Reaction[pH] (Reflectancephotometry(Indicator Method))	6.5	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.005	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflectance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite	NEGATIVE	NEGATIVE
Reflectance photometry/Griess test		
Leukocytes	NIL	NEGATIVE
Reflectance photometry/Action of Esterase		
BLOOD (Reflectance photometry(peroxidase))	NIL	NEGATIVE
<b>MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine</b>		
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

**Interpretation:**



**Name** : MR PRADEEP KUMAR **Age** : 30 Yr(s) Sex :Male  
**Registration No** : MH010902725 **Lab No** : 38230400571  
**Patient Episode** : H03000053714 **Collection Date** : 08 Apr 2023 11:51  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 08 Apr 2023 16:33  
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## CLINICAL PATHOLOGY

URINALYSIS--Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

**Protein:** Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

**Glucose:** Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

**Ketones:** Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

**Blood:** Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

**Leukocytes:** An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

**Nitrite:** Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

**pH:** The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

**Specific gravity:** Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

**Bilirubin:** In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

**Urobilinogen:** Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

Page 10 of 10

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NAME	Pradeep KUMAR	STUDY DATE	08-04-2023 12:39:24
AGE / SEX	030Yrs / M	HOSPITAL NO.	MH010902725
REFERRING DEPT	OPD	MODALITY/Procedure Description	US /Ultrasound abdomen n pelvis
REPORTED ON	08-04-2023 12:57:12	REFERRED BY	Dr. Health Check MHD

## USG WHOLE ABDOMEN

### **Findings:**

Liver is normal in size (~ 13.4 cm) and echopattern. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness.  
Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.  
Spleen is normal in size and echopattern.

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Prostate is normal in shape and echopattern.

No significant free fluid is detected.

**Impression: Normal study.**

Kindly correlate clinically



**Dr. Nipun Gumber MD, DMC No. 90272**  
**Associate Consultant**

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

NAME	<b>Pradeep KUMAR</b>	STUDY DATE	<b>08-04-2023 12:39:24</b>
AGE / SEX	<b>030Yrs / M</b>	HOSPITAL NO.	<b>MH010902725</b>
REFERRING DEPT	<b>OPD</b>	MODALITY/Procedure Description	<b>US /Ultrasound abdomen n pelvis</b>
REPORTED ON	<b>08-04-2023 12:57:12</b>	REFERRED BY	<b>Dr. Health Check MHD</b>

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.